

South Dakota Sales Tax on Food Refund Program Application Form

The South Dakota Sales Tax on Food Refund Program provides refunds of sales tax payments on food to residents who are eligible. Refund benefits are paid quarterly (every three months). Eligibility and benefit amount is determined by who was in your household and the amount of income received for the last three months.

Step 1: List the address where you receive your mail and the address where you live today (if it is a different address):

Mailing Address, City, State, Zip Code	Your Home Address, City, State, Zip Code	Telephone Number
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Step 2: List your name, your spouse and your children under age 18 if they live with you. Also list any other people who live with you and share food and/or food costs with you.
****Completion of race/sex is optional. *For Legal Status (LS), enter "C" if the person is a U.S. citizen or "L" if the person is in the U.S. legally. If the individual is not a U.S. citizen and you cannot or choose not to provide the legal status of the individual, leave it blank. If blank, we will not ask the individual's immigrant status.**

								Self
First Name	Middle Name	Last Name	Social Security Number	Birth Date	**Race	**Sex	*LS	Relationship to You
First Name	Middle Name	Last Name	Social Security Number	Birth Date	**Race	**Sex	*LS	Relationship to You
First Name	Middle Name	Last Name	Social Security Number	Birth Date	**Race	**Sex	*LS	Relationship to You
First Name	Middle Name	Last Name	Social Security Number	Birth Date	**Race	**Sex	*LS	Relationship to You

If more than 4 individuals live with you and are your family or who purchase food or share food with you, continue listing them on the back side of this form.

Step 3: If any individuals listed in Step 2 did not live with you for all of the past 3 months, list their names and the months they did not live with you.	Month 1: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Month 2: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Month 3: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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Step 4: List money for all members. Enter the first name of the person who received it, where it came from (source) and the gross amount (amount before deductions). Each month's income must be listed.	Name First Name: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Month 1 Income Source: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Gross Amount: \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Month 2 Income Source: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Gross Amount: \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Month 3 Income Source: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Gross Amount: \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> \$ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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Continue listing the information on the back side of this form if more space is needed.

I certify that I will use the sales tax on food refund benefit to only purchase eligible food. I declare and affirm under the penalties of perjury that I have examined this form, and to the best of my knowledge and belief, the information given by me is correct and complete. By my signature, I certify, under penalty of perjury, the truth of the information contained in this application.

Your Signature	Date	Signature of Authorized Representative (if any)	Date
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Mail this form to: Department of Social Services, S.D. Sales Tax on Food Refund Program, 700 Governors Drive, Pierre, SD 57501-2291. If you have any questions, call toll-free 1-866-674-0543, or (605) 773-4105. You may also fax this form to 605-773-7183.

Step 2: Continue listing all members of your household who share food costs with you.

First Name	Middle Name	Last Name	Social Security Number	Birth Date	**Race	**Sex	*LS	Relationship to You
First Name	Middle Name	Last Name	Social Security Number	Birth Date	**Race	**Sex	*LS	Relationship to You
First Name	Middle Name	Last Name	Social Security Number	Birth Date	**Race	**Sex	*LS	Relationship to You
First Name	Middle Name	Last Name	Social Security Number	Birth Date	**Race	**Sex	*LS	Relationship to You

If you have more names, please list the information on a separate sheet of paper and send with the application form.

Step 4: Additional space to list household member's names, their gross income amounts and the source of the income (where it comes from).	Name	Month 1		Month 2		Month 3	
	First Name:	Income Source:	Gross Amount:	Income Source:	Gross Amount:	Income Source:	Gross Amount:
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$

Civil Rights Guarantee: It is the policy of the Department of Social Services (DSS) to make sure that applications for program benefits and services are made available to everyone and that program benefits are granted to all who meet eligibility standards. DSS staff, programs and policies must not discriminate against clients or applicants for services because of race, color, sex, age, disability, religion and national origin. DSS must also provide fair and equal access to all of its programs and services for people with disabilities; this includes both physical access to buildings and access to programs and services. To file a complaint of discrimination write: DSS Division of Legal Services, 700 Governors Drive, Pierre, SD 57501-2291 or call: (605) 773-3305. If you have a question regarding program services, please contact your nearest DSS office. If you have a question regarding program services, please call toll-free 1-866-674-0543 or (605) 773-4105.

Fair Hearings: As an applicant for assistance, you or your authorized representative have the right to a fair hearing if you disagree with any decision regarding your application. You must request the fair hearing within 60 days from the date you received a written notice for the Sales Tax on Food Refund Program. You may request a fair hearing by calling 1-866-674-0543, (605) 773-4105, or writing the Department of Social Services, Sales Tax on Food Refund Program, 700 Governors Drive, Pierre, SD 57501-2291 or writing the Office of Administrative Hearings, Department of Social Services, 700 Governors Drive, Pierre, SD 57501-2291.

Final Checklist: Before mailing in this form, did you:

- ✓ Enter all people, and their Social Security numbers, who live with you and buy and/or eat food with you?
- ✓ List any months that individuals did NOT live with you in the past three months?
- ✓ Make sure that all money received by household members is listed in Step 4? Double check to make sure the money is the gross amount (amount before any deductions are taken out).
- ✓ Sign and date the form.